

(1) PLACE OF BIRTH

County of LeeTownship of McClellan

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1456

Registration District No. 304 Registered No. 5-
(For use of Local Registrar)(2) Full Name of Child Frank Fortune } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>11</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 20</u> 191 <u>5</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Offie Fortune(9) PRESENT POSTOFFICE OF FATHER Wisacky S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 5-5 (Years)(12) BIRTHPLACE Wisacky S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Mac(15) PRESENT POSTOFFICE OF MOTHER Wisacky S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Lee County(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Primmer(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife St Charles St

Given name added from a supplemental report

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Registrar

(26) Witness Offie Fortune
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 30 1915 (28) 5-10 Mattie Smith
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.
 McCaw, of Columbia